

Under-insured Tally Sheet

(optional use)

Person responsible for Vaccine Reporting:														Quarter / Year:						
	Age	Under-Insured Children Receiving State Supplied Vaccine	DTaP	DT	Td	Tdap	DTap / Hep B / IPV	DTaP / HIB	HIB	IPV	MCV 4	MMR	Hep B Ped	Hep B Adult	Hep B / HIB	Hep A Ped	Hep A Adult	Varicella	Pneumococcal (PCV7)	Influenza
1	<1																			
2	<1																			
3	<1																			
4	<1																			
5	<1																			
6	<1																			
7	<1																			
8	<1																			
9	<1																			
10	<1																			
11	<1																			
12	<1																			
13	<1																			
14	<1																			
Total																				
1	1- 6																			
2	1- 6																			
3	1- 6																			
4	1- 6																			
5	1- 6																			
6	1- 6																			
7	1- 6																			
8	1- 6																			
9	1- 6																			
10	1- 6																			
11	1- 6																			
12	1- 6																			
Total																				
1	7-18																			
2	7-18																			
3	7-18																			
Total																				
1	>18																			
2	>18																			
Total																				

Instructions for Completing the *Optional Under-insured* Tally Sheet

Each child receiving State Supplied vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the name of the person responsible for reporting vaccine information and the quarter/year of this information.
- Place a check mark in the appropriate age and eligibility column.
(One line per child, counted by visit/encounter).
- Place a check mark in the column for each vaccine administered to the child.
- Total all columns (Eligibility Status and Vaccines)
- Transfer these Totals to the *Quarterly Doses Administered Report*.

Tally Sheets are for provider's use only.

Do NOT return to the Utah VFC Program.